

CERTIFICATION OF IDENTIFICATION TO BE COMPLETED BY A VETERINARIAN ONLY

DATE: _____ EXAMINING VETERINARIAN: _____

HORSE: _____ OWNER: _____

IS THIS HORSE MICROCHIPPED? YES/NO IF NO, PLEASE INSERT AND DOCUMENT BELOW

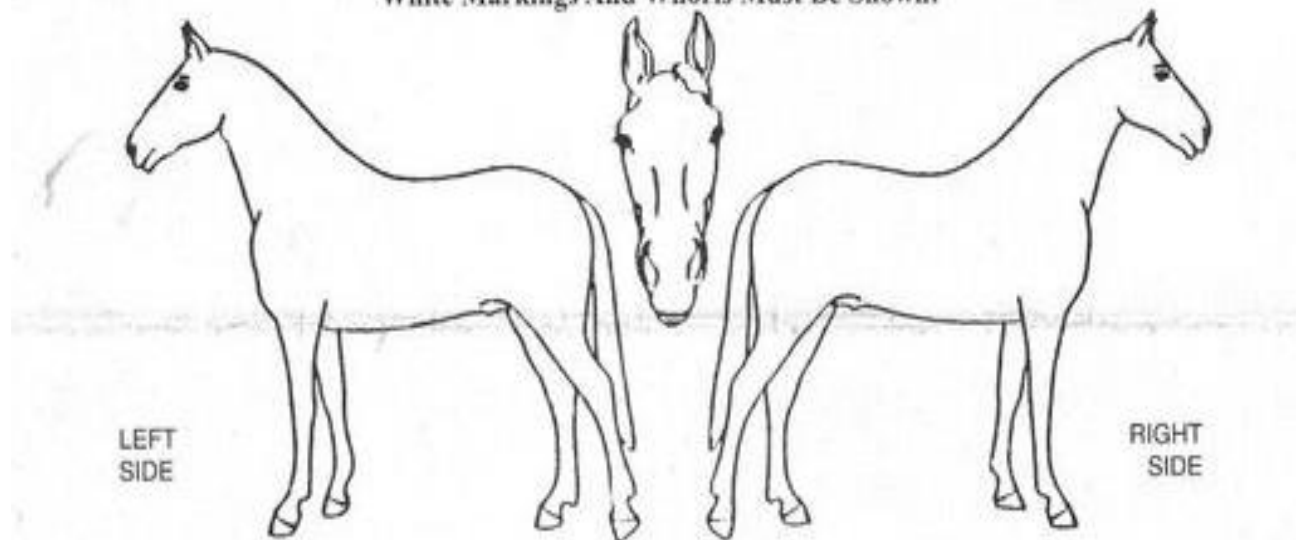
ALL HORSES MUST BE MICROCHIPPED AND AGE CONFIRMED BY D.V.M

MICROCHIP NUMBER: _____

AGE: _____ COLOR: _____ HEIGHT: _____

BREED: _____ BRAND/SCARS/MARKINGS: _____

White Markings And Whorls Must Be Shown!



I have examined and described this horse to the best of my knowledge, I understand this form is strictly for registration purposes and may not be used for any other purpose outside of Equines of America.

X _____
DVM Signature

Date

Email address

Phone